AMPUTATION CHART

Michigan Department of Licensing and Regulatory Affairs Workers' Compensation Agency P O Box 30016, Lansing, MI 48909

1 O Box 300 10, Earlising, Wi 40303				
Employee Name (Last, First, MI)	Social Security Number			
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Employer	Date of Injury			
Employor	Date of Injury			
Insurance Carrier or Service Agent	Date of Birth			
insurance carrier of dervice rigent	Date of Bitti			

In all cases of amputation, the diagram below should be used to designate the exact point of amputation, which must be marked and certified by the operating surgeon only. In cases of amputation of arm or leg, surgeon must state exact distance below elbow or knee of such amputation.

Which hand? Composition C		elbow: knee:		
TARSUS Which arm? Which foot? Which foot? I hereby certify that I marked the above diagram on and that said marking correctly indicates the amputation(s) made upon on and that the remarks above, if any, are in my handwriting.	METACARPUS	(4th) LITTLE (3rd) RING (1st) INDEX	(2nd)	
I hereby certify that I marked the above diagram on and that said marking correctly indicates the amputation(s) made upon on and that the (Name of injured employee) (Date of amputation) remarks above, if any, are in my handwriting.		PHALAN	Which	
the amputation(s) made upon on and that the (Name of injured employee) (Date of amputation) con and that the remarks above, if any, are in my handwriting.			Which foot?	
remarks above, if any, are in my handwriting.	I hereby certify that I marked the above diag	ram on(Date of mar	and that said ma	rking correctly indicates
			On(Date of amp	and that the
LARA is an equal opportunity employer/program. Auxiliary aids, services and other recognishing are excepted accommodations are excepted accommodations are excepted accommodations are excepted accommodations are excepted accommodations.			other	